



THE COMMONWEALTH OF MASSACHUSETTS
Division of Occupational Safety
19 Staniford Street, 1st Floor
Boston, MA 02114
Phone: 617-626-6960
Fax: 617-626-6965
Homepage: www.mass.gov/dos

APPLICATION FOR LICENSE AS A
**LEAD-SAFE RENOVATOR
SUPERVISOR**
(In accordance with the provisions of
M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

- FOR DOS USE ONLY -

☐ Initial Application
License # _____

☐ Renewal Application
Issue Date _____

☐ Duplicate Application
Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

1. **APPLICANT INFORMATION**

Name _____ Social Security # _____ Date of Birth _____
Residence (Street) _____ Tel # (____) _____
City/Town _____ State _____ Zip _____
Mailing Address (if different from above) _____
City/Town _____ State _____ Zip _____
Employer _____

2. **ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:**

- a. Original Lead-safe training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 22.08(2), 22.08(4)(c), and/or 454 CMR 22.08(4)(f).
Original training certificates will be returned after review of the application.
- b. A form of photo identification acceptable to DOS that positively establishes the identity and age of the applicant.
- c. Proof that the applicant has successfully passed any medical examination required pursuant to 454 CMR 22.09 or 29 CFR Part 1926.62.
- d. The results of all blood lead and ZPP monitoring conducted on the applicant in the two-month period prior to an initial application, or within three months for a renewal application.
- e. **A money order or certified bank check, payable to the Commonwealth of Massachusetts, Division of Occupational Safety, in the amount of the entire annual fee of \$150.00 for initial or renewal license, or \$45.00 for a duplicate license.** If the Commissioner denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

3. **PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE**

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax
(PRINT NAME)
obligations current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of
Massachusetts Deleading Regulations, 454 CMR 22.00, and that all information contained herein, including any supplements attached hereto, is
true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY - WALK IN SERVICE

TUESDAY - WALK IN SERVICE

WEDNESDAY - WALK IN SERVICE

WEDNESDAY - **BY APPOINTMENT ONLY**

THURSDAY - WALK IN SERVICE

FRIDAY - **BY APPOINTMENT ONLY**

19 Staniford Street, 1st Floor, Boston, MA 02114 617-626-6960

[Enter thru Unemployment Assistance Entrance]

165 Liberty Street, Springfield, MA 01102 413-781-2676

4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797

167 Lyman Street, Westboro, MA 01581 508-616-0461

1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St] 508-984-7718

1001 Watertown Street, 2nd Floor, West Newton, MA 02465-2148 617-969-7177